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PCT

10/509289  
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# REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

PCT/EP02/03687	
International Application No.	
(27.03.02)	27 MAR 2002
International Filing Date	
EUROPEAN PATENT OFFICE PCT INTERNATIONAL APPLICATION Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum)	84635

<b>Box No. I TITLE OF INVENTION</b> Process for the treatment of transfer printed paper and the printed paper thus obtained	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  PICONI Corrado Viale Rimembranze 9 I- 21053 CASTELLANZA-VARESE- Italy	Telephone No.  Facsimile No.  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality: IT	State (that is, country) of residence: IT
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  MARIOTTI Renato Via Mantegazza 28 I- 20015 PARABIAGO-MILAN Italy	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office
State (that is, country) of nationality: IT	State (that is, country) of residence: IT
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  DE GREGORI Antonella, COPPO Alessandro ZANARDO Giovanni FUSINA Gerolamo ING. BARZANO' & ZANARDO MILANO SpA Via Borgonuovo 10 I- 20121 MILAN, Italy	Telephone No. 026554287 Facsimile No. 026598859 Teleprinter No.  Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  MENGATO Daniela Via Verdi 24 I- 20020 DAIRAGO-MILAN Italy		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: IT		State (that is, country) of residence: IT
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:		State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:		State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:		State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:		State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.		

## Box No.V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) CA

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates               | <input checked="" type="checkbox"/> GE Georgia                                   | <input checked="" type="checkbox"/> MW Malawi                      |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda                | <input checked="" type="checkbox"/> GH Ghana                                     | <input checked="" type="checkbox"/> MX Mexico                      |
| <input checked="" type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> GM Gambia                                    | <input checked="" type="checkbox"/> MZ Mozambique                  |
| <input checked="" type="checkbox"/> AM Armenia                            | <input checked="" type="checkbox"/> HR Croatia                                   | <input checked="" type="checkbox"/> NO Norway                      |
| <input checked="" type="checkbox"/> AT Austria                            | <input checked="" type="checkbox"/> HU Hungary                                   | <input checked="" type="checkbox"/> NZ New Zealand                 |
| <input checked="" type="checkbox"/> AU Australia                          | <input checked="" type="checkbox"/> ID Indonesia                                 | <input checked="" type="checkbox"/> PL Poland                      |
| <input checked="" type="checkbox"/> AZ Azerbaijan                         | <input checked="" type="checkbox"/> IL Israel                                    | <input checked="" type="checkbox"/> PT Portugal                    |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina             | <input checked="" type="checkbox"/> IN India                                     | <input checked="" type="checkbox"/> RO Romania                     |
|   | <input checked="" type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RU Russian Federation          |
| <input checked="" type="checkbox"/> BB Barbados                           | <input checked="" type="checkbox"/> JP Japan                                     |  |
| <input checked="" type="checkbox"/> BG Bulgaria                           | <input checked="" type="checkbox"/> KE Kenya                                     | <input checked="" type="checkbox"/> SD Sudan                       |
| <input checked="" type="checkbox"/> BR Brazil                             | <input checked="" type="checkbox"/> KG Kyrgyzstan                                | <input checked="" type="checkbox"/> SE Sweden                      |
| <input checked="" type="checkbox"/> BY Belarus                            | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> SG Singapore                   |
| <input checked="" type="checkbox"/> BZ Belize                             | <input checked="" type="checkbox"/> KR Republic of Korea                         | <input checked="" type="checkbox"/> SI Slovenia                    |
| <input checked="" type="checkbox"/> CA Canada                             | <input checked="" type="checkbox"/> KZ Kazakhstan                                | <input checked="" type="checkbox"/> SK Slovakia                    |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia                               | <input checked="" type="checkbox"/> SL Sierra Leone                |
| <input checked="" type="checkbox"/> CN China                              | <input checked="" type="checkbox"/> LK Sri Lanka                                 | <input checked="" type="checkbox"/> TJ Tajikistan                  |
| <input checked="" type="checkbox"/> CO Colombia                           | <input checked="" type="checkbox"/> LR Liberia                                   | <input checked="" type="checkbox"/> TM Turkmenistan                |
| <input checked="" type="checkbox"/> CR Costa Rica                         | <input checked="" type="checkbox"/> LS Lesotho                                   | <input checked="" type="checkbox"/> TR Turkey                      |
| <input checked="" type="checkbox"/> CU Cuba                               | <input checked="" type="checkbox"/> LT Lithuania                                 | <input checked="" type="checkbox"/> TT Trinidad and Tobago         |
| <input checked="" type="checkbox"/> CZ Czech Republic                     | <input checked="" type="checkbox"/> LU Luxembourg                                | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany                            | <input checked="" type="checkbox"/> LV Latvia                                    | <input checked="" type="checkbox"/> UA Ukraine                     |
| <input checked="" type="checkbox"/> DK Denmark                            | <input checked="" type="checkbox"/> MA Morocco                                   | <input checked="" type="checkbox"/> UG Uganda                      |
| <input checked="" type="checkbox"/> DM Dominica                           | <input checked="" type="checkbox"/> MD Republic of Moldova                       | <input checked="" type="checkbox"/> US United States of America    |
| <input checked="" type="checkbox"/> DZ Algeria                            |  | <input checked="" type="checkbox"/> UZ Uzbekistan                  |
| <input checked="" type="checkbox"/> EE Estonia                            | <input checked="" type="checkbox"/> MG Madagascar                                | <input checked="" type="checkbox"/> VN Viet Nam                    |
| <input checked="" type="checkbox"/> ES Spain                              | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> YU Yugoslavia                  |
| <input checked="" type="checkbox"/> FI Finland                            | <input checked="" type="checkbox"/> MN Mongolia                                  | <input checked="" type="checkbox"/> ZA South Africa                |
| <input checked="" type="checkbox"/> GB United Kingdom                     |  | <input checked="" type="checkbox"/> ZW Zimbabwe                    |
| <input checked="" type="checkbox"/> GD Grenada                            |  |  |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> ECUADOR | <input checked="" type="checkbox"/> PHILIPPINES | <input checked="" type="checkbox"/> EQUATORIAL GUINEA |
| <input checked="" type="checkbox"/> TUNISIA | <input checked="" type="checkbox"/> ZAMBIA      | <input checked="" type="checkbox"/> OMAN              |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) the following number of sheets in paper form:

request (including declaration sheets) : 4

description (excluding sequence listing part) : 7

claims : 3

abstract : 1

drawings : \_\_\_\_\_

Sub-total number of sheets : 15

sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below) : \_\_\_\_\_

Total number of sheets : \_\_\_\_\_

(b) sequence listing part of description filed in computer readable form

(i) ☐ only (under Section 801(a)(i))(ii) ☐ in addition to being filed in paper form (under Section 801(a)(ii))

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column): \_\_\_\_\_

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

1. ☒ fee calculation sheet : 12. ☒ original separate power of attorney : 13. ☐ original general power of attorney :4. ☐ copy of general power of attorney; reference number, if any: \_\_\_\_\_ :5. ☐ statement explaining lack of signature :6. ☐ priority document(s) identified in Box No. VI as item(s): \_\_\_\_\_ :7. ☐ translation of international application into (language): \_\_\_\_\_ :8. ☐ separate indications concerning deposited microorganism or other biological material :9. ☐ sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))(i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :(ii) ☐ (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :(iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column :10. ☒ other (specify): LETTER +SUB-AUTHORISATION : 2

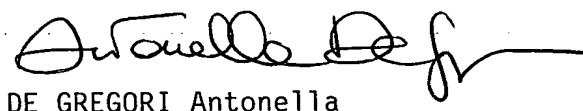
Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

ENGLISH

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



DE GREGORI Antonella

26 MAR 2002

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1. Date of actual receipt of the purported international application:

(27. 03. 02)

27 MAR 2002

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:☐ not received:

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Date of receipt of the record copy by the International Bureau:

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

**Complete if Known**

Application Number	Not Yet Assigned 10/509289
Filing Date	Concurrently Herewith
First Named Inventor	Renato Mariotti, et al
Art Unit	--
Examiner Name	--
Attorney Docket Number	163-568

Sheet 1 of 1

**U. S. PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
	AA	US- 4,576,610	3/18/1986	Donenfeld	
	AB	US- 4,063,879	12/20/1977	Faulhaber, et al	
	AC	US-			
	AD	US-			
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			
	AM	US-			
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			
	AS	US-			

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				
	AT	DE 28 32 265	2/8/1979	Ciba Geigy AG		
	AU	GB 1 566 280	4/30/1980	ICI Ltd.		
	AV	FR 2 393 872	1/5/1979	Ciba Geigy AG		
	AW					
	AX					
	AY					

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.